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FACSIMILE TRANSMITTAL FORM

To: USPTO, Examiner Christopher Gilligan, GAU 3626	Fax Number:	Phone Number:		
	703-872-9306	N/A		
From: Michael Davidson	Fax Number:	Phone Number:		
	949-679-0382	949-679-0382		
Re: U.S. Appln. Serial No. 09/900,278	Date/Time sent:	No. of Pages:		
	4/14/04 4:25 PM PST	14 incl. cover		
Client Name: Etreby Computer Co.	Client Matter No.: 100-002			

Enclosed please find the following: (1) SUPPLEMENTAL PRELIMINARY AMENDMENT and (2) AMENDMENT TRANSMITTAL for U.S. Application Serial No. 09/900,278. Please direct all future correspondence to Michael S. Davidson at the address shown above.

Dated: 4/14/04

Michael Davidson Reg. No. 43,577

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APR 1 4 2004



Patent Attorney Docket: 100-002

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:) Group Art Unit: 2626			
Magdy A. Eletreby et al. Serial No.: 09/900,278 Filed: July 6, 2001 For: SYSTEMS AND METHODS FOR MANAGING PATIENT) Group Art Unit: 3626)) Examiner: GILLIGAN,) CHRISTOPHER L.)))			
PHARMACEUTICAL CARE				
application. Applicant(s) petitions for an experimental	reliminary Amendment for the above-identified extension of time under 37 CFR § 1.136 [fees:			
EXTENSION (months) 1 month 2 months 3 months 4 months 5 months — An extension for month	the total number of months checked below: FOR SMALL FEE FOR OTHER THAN ENTITY SMALL ENTITY \$55.00			
(37	CATE OF FACSIMILE C.F.R. §1.8a) Ing attached or enclosed) is being transmitted to (703) 872-9306 on the P.O. Box 1450, Alexandria, AA 22313-1450. Michael Davidson			

						Att	orney Dock	Patent et: 100-002
				,				
	Extension fee due with	h this Re	quest _	 •				
	If an additional extens therefor.	If an additional extension of time is required, please consider this a petition						a petition
FEES FO	R CLAIMS:							
.	Applicant claims smal	l entity st	atus pu	rsuant to	37 (CFR	1.27.	
Th	e fees for claims (37 CFR	§ 1.16(b)-(d)) ha	ave beer	calc	ulate	ed as show	n below:
				eviously Pald				<u> </u>
To	otal Claims	29		24 =	5	х	\$18.00	\$90.00
<u>_ In</u>	dependent Claims	4	-	3 =	1	х	\$86.00	\$86.00
_ <u>M</u>	ultiple Dependent Claims	\$290	(if ap	olicable)				0
	TOTAL OF ABOVE	CALCUL	ATION	S			•	\$176.00
	eduction by ½ for Filing by ote 37 CFR §§ 1.9, 1.27,		ntity.				\boxtimes	\$88.00
	TOTAL FEES FOR (CLAIMS	SUBMI	TTED H	ERE\	NITI	+	\$88.00
E	A check in the amount of is enclosed to cover the above fee(s). Charge Law Office of Michael Davidson Deposit Account No. 50-3055 in the amount of \$88.00.							
K	The Commissioner is authorized to charge Law Office of Michael Davidson Deposit Account No. 50-3055 for any fees required under 37 CFR §§ 1.16 and 1.17 that are not covered, in whole or in part, by a check enclosed herewith and to credit any overpayments to said Deposit Account 50-3055.							
				Respec	ctfully	sub	mitted,	
				Law Of	fice c	of Mi	chael Davie	dson
Dated: _	4/14/04		Ву:	Michae Reg. N				<u> </u>
Customer No. 41696 ENT TRADEMARK OFFIC	Law Office of Michael Davids P.O. BOX 53488 Irvine, California 92619-3488 (949) 679-0382							

IR1:498456.1

2

Group Art Unit: 3626

Examiner: GILLIGAN, CHRISTOPHER L.

Patent

Attorney Docket: 100-002

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:

Magdy A. Eletreby et al.

Serial No.: 09/900,278

Filed: July 6, 2001

For: SYSTEMS AND METHODS FOR

MANAGING PATIENT

PHARMACEUTICAL CARE

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OFFICIAL

SUPPLEMENTAL PRELIMINARY AMENDMENT

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Prior to examination of the above-identified Application on the merits, please amend the Application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 11 of this paper.

·	
	CERTIFICATE OF FACSIMILE
	(37 C.F.R. §1.8a)
I hereby certify that this paper (along we date shown below addressed to the Co	th any referred to as being attached or enclosed) is being transmitted to (703) 872-9306 on the mmissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.
Date of Deposit	Michael Davidson